

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Continuation
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SURGICAL CLAMP PADS HAVING SURFACE OVERLAY
Attorney Docket Number::	506512000801
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Terrence
Family Name::	BUELNA
City of Residence::	Santa Barbara
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1424 La Vereda Lane
City of mailing address::	Santa Barbara
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	93108

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Adam
Family Name:: GOLD
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 255 B Fair Oaks Street
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94110

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Philip
Family Name:: PESTA
City of Residence:: Saratoga
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 11841 Southwood Drive
City of mailing address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Family Name:: ORLANDO

City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 6110 Elmbridge Drive
City of mailing address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95129

Correspondence Information

Correspondence Customer Number:: 20872

Representative Information

Representative Customer Number:: 20872

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/645,458	08/24/00

Assignee Information

Assignee name:: NOVARE SURGICAL SYSTEMS, INC.
10231 Bubb Road
Cupertino, California 95014